

Statement of Principles Regarding Psychiatric Care

November 7, 2003

I. People with psychiatric disabilities or diagnoses should have access to high quality, clinically appropriate care, regardless where that care is delivered.

A. The Vermont system of care is dedicated to the principle of community-based services. This means that care and a variety of appropriate support services should be available close to a person's home, in the most integrated and least restrictive setting possible, and in a manner designed to enhance and maximize the person's ability to participate in all aspects of community life.

B. An understanding of the role of trauma in the lives of individuals should inform the delivery of services at all levels of care, including initial encounters, transportation, and emergency room services. Clinical programs and interventions should be designed to minimize the risk of causing emotional trauma to those receiving services. Clinicians and program staff should also have particular sensitivity to the needs and reactions of patients who have experienced previous trauma, including trauma associated with mental health and/or substance abuse treatment.

C. People with psychiatric disabilities or diagnoses have an increased incidence of substance abuse disorders. Research clearly indicates that care is most effective when mental health and substance abuse issues are addressed in an integrated manner. Clinically appropriate care must include such coordination. Addressing either problem in isolation reduces the likelihood of a successful outcome.

D. People with psychiatric disabilities or diagnoses also have an increased incidence of other medical problems. They often receive inadequate or inconsistent general medical care. For this reason, they need and are entitled to comprehensive general medical care fully integrated, to the extent possible and desired, with their psychiatric care.

II. The rights of people with psychiatric disabilities or diagnoses must be protected and enhanced.

A. The Vermont system of care is based on the principle of self-determination. People should not be forced or coerced into accepting or receiving treatment against their will. Notwithstanding this principle, the Vermont system of care also incorporates the obligation to intervene when and if necessary to keep people safe or to protect the safety of others.

B. All treatment programs and services must be designed to minimize, and to the extent possible, eliminate the use of involuntary interventions, including seclusion, restraint, and/or the use of involuntary medication. Staff should receive ongoing training in the use of safe and appropriate alternatives to involuntary interventions. Only staff with specific and appropriate training and qualifications to assess and monitor safety, including medical and behavioral risks, should be able to implement and oversee involuntary interventions.

C. People have the right to participate in and direct the development and implementation of their treatment plan, including decisions regarding the use of psychotherapy, medication, family intervention, group intervention, community support services and/or a variety of other alternative recovery choices. They should also be free to accept some services and not others. It is well recognized that treatment is most likely to be successful if it incorporates the preferences, priorities and values of the people receiving treatment.

D. People have the right to privacy and the right to expect that information regarding their care will remain confidential. They or their chosen representatives also have the right to timely and accurate information about their diagnosis and/or treatment plan, and to access any and all records pertaining to their care. People also have the right to information about and access to patient and consumer advocates. They also deserve appropriate representation and rapid adjudication with respect to any legal issues which may arise in conjunction with their care.

E. All care and programs must operate in full compliance with existing and applicable state and federal laws, including, but not limited to, the ADA (Americans with Disabilities Act).

III. Appropriate care requires adequate funding and access to a comprehensive continuum of services and options, with a consistent orientation toward recovery.

A. A comprehensive system requires access to outpatient, intermediate level (e.g., crisis stabilization, home-based services, respite, day programs, etc.) and inpatient services. The availability of safe and appropriate housing is also critical. Gaps in this continuum reduce the likelihood of a successful outcome.

B. All efforts should be made to encourage general hospitals to provide comprehensive and appropriate care for people with psychiatric disabilities or diagnoses, and to coordinate and integrate such services with the full range of community based providers.

C. The state should continue to fund and help expand community based peer-run programs which are developed and overseen by consumers, including recovery education for family members and clinicians. These low cost services have proven to be a valuable addition to the community-based continuum.

D. Our mental health and substance abuse treatment system must have adequate funding to support the recruitment, training and retention of enough qualified staff for all clinical programs.

IV. The system of care must include enhanced oversight and administrative accountability with more effective checks and balances to ensure quality, safety and regulatory compliance.

A. The clinical quality of care should be comparable at all inpatient psychiatric facilities in the state, including VSH and The Brattleboro Retreat. All inpatient programs should have an annual public review with appropriate consumer and community input. An independent statewide panel should be established and charged with the responsibility of monitoring consumer satisfaction, utilization, outcome, clinical quality parameters and involuntary interventions used at all inpatient programs and facilities. Comparative data collected by this panel should be available to the general public.

B. With respect to the current situation at VSH, the primary goal and focus should be the needs of patients and the quality of care, as opposed to recertification by external entities or the restoration of Medicare reimbursement.

C. We should learn from the recent experience at Fletcher Allen with respect to the design and development of contemporary psychiatric inpatient programs. Accordingly, any plans for the future of the services currently located at VSH or other inpatient facilities must fully incorporate the principles of parity, including appropriate access to emergency medical and consultation services. In addition, any such plans or proposals must only be developed with extensive and ongoing input from clinicians, users of services, advocates, family members, legislators, and the general public.